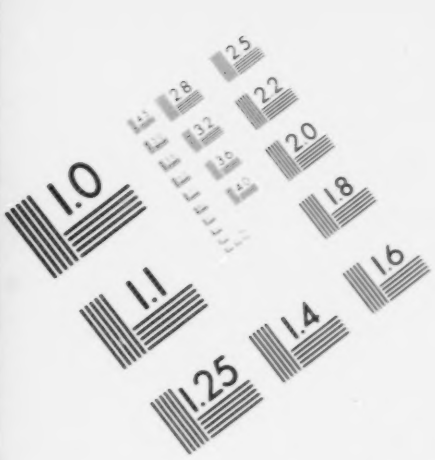

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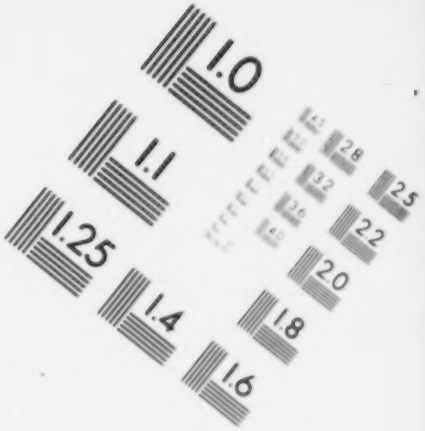

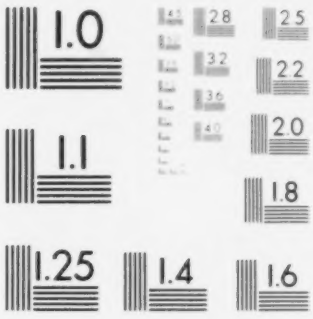

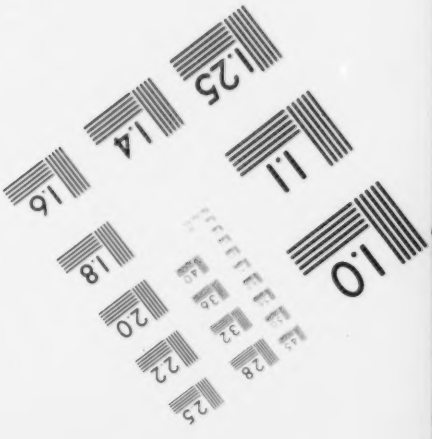

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ABSTRACT

This document explains the use of a model for mapping community capacity and resources that was developed by the community development office of a health group in Edmonton, Alberta, and applied in a collaborative pilot project in preparation for development of a community health plan. A brief discussion of the factors leading to development of the model and the community development office's goals when it developed the model is presented. In the next section, the following key elements of the community capacity and resource model are discussed along with the rationale behind them: initiation of capacity assessment (establish key contacts with the community, develop community partnerships, initiate networking, gather key print resources); survey design (design separate surveys for individuals, businesses, and associations); survey databases (develop databases for each survey); survey process (make the information sharing as mutual as possible); putting it all together; and communicating results inside and outside the community. A list of eight resources concludes the document. Appendixes constituting approximately 75% of the document contain the following: individual, business, and association surveys; Glenwood pilot report and participant follow-up; and Glenwood asset map of community supports for health and well-being. (MN)

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COMMUNITY CAPACITY AND RESOURCE MAPPING: MODEL DEVELOPMENT

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REVISED SEPTEMBER 23, 1994

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COMMUNITY CAPACITY AND RESOURCE MAPPING: MODEL DEVELOPMENT

I. EXECUTIVE SUMMARY

Economic reform has resulted in a tremendous loss of jobs in the health sector, however, this seemingly bleak picture has actually opened the doors to a wealth of new opportunities. One of the most exciting opportunities is that of community-based health. The Community Development Office of the Caritas Health Group has completed a pilot project in partnership with the Glenwood Community League in preparation for the development of a Community Health Plan. As a result of this project, a model for Community Capacity and Resource Mapping was developed. This document provides a dialogue describing these steps and the rationale behind them.

KEY MODEL ELEMENTS:

1. INITIATION OF CAPACITY ASSESSMENT

- establish key contacts with the community
- complete a community "walkabout" and examine community profiles
- arrange or attend community gatherings
- confirm geographic boundaries of the community
- develop community partnerships and initiate networking
- gather key print resources

2. SURVEY DESIGN

- design a separate survey for individuals, businesses and associations
- set up survey to compliment databases design

3. SURVEY DATABASES

- separate databases for each of the individual, business and association surveys
- survey questions should be written in logical order and inquire about separate ideas to facilitate database design

4. SURVEY PROCESS

- talk to the right people
- do surveys in person if possible
- make use of existing research and legwork
- make the information sharing as mutual as possible

5. PUTTING IT ALL TOGETHER

- create a graphic representation of the results
- resource lists made available to community members

6. COMMUNICATING RESULTS

- share results with the individuals, businesses and associations within the community
- present copies of the final report to all key parties
- communicate results with communities and groups outside the surveyed community boundaries

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Glenwood Pilot Report and Participant Follow-up	Appendix D
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III. BACKGROUND

Economic reform has resulted in a tremendous loss of jobs in the health sector, however, this seemingly bleak picture has actually opened the doors to a wealth of new opportunities. One of the most exciting opportunities is that of community-based health. Since hospitals are no longer in a position to offer the same services that they once provided, it has become increasingly evident that communities must become responsible for their own health. As a result, a movement towards community-based health has begun. The emergence of such a system could create many new job opportunities as communities actively participate in their own health and the health of their fellow community members.

The Community Development Office of the Caritas Health Group has completed a pilot project in partnership with the Glenwood Community League in preparation for the development of a Community Health Plan. The approach used is the very positive **Asset-based Community Development**. This process is unique in that it emphasizes the community's **strengths**. It involves taking an inventory of the community's skills and abilities for the purpose of supporting community driven programs and activities. The traditional approach to such a project would be to base the plan on the needs of the community. This approach is negative in that it focuses on a problem and then perpetuates the problem by encouraging deficiency oriented policies and programs.

In developing the model for Community Capacity and Resource Mapping, several steps were taken. This document provides a dialogue describing these steps and the rationale behind them.

IV. GOALS

The goals for model development were:

1. To develop a system for gathering information which focuses on the skills and capacities, or "gifts", that individuals, businesses, and associations (governmental and non-governmental) possess and could potentially provide in support of a community based health plan.

2. To provide and promote an accessible resource that could be drawn upon by community members in the development of community based programs.

V. THE MODEL

1. INITIATION OF CAPACITY ASSESSMENT

In order to begin the capacity assessment it was necessary to begin to make contacts within the community. The Edmonton Federation of Community Leagues (EFCL) was the first contact made. The EFCL is an organization that coordinates the activities of 138 neighbourhood based volunteer associations, or community leagues. These associations reflect the social, cultural and recreational interests of their communities through their programming. Given this mandate, it became apparent that community leagues would be ideal partners in the community capacity assessments.

The Community Development Office met with the executive director of the EFCL to explain the concept of capacity surveying and to discuss the possibility of initiating a pilot project. As a result of this meeting, the EFCL sent a letter to the presidents of each of the individual community leagues. Having made this vital connection, the next step was to randomly select a specific community, link with key individuals and begin to get a feel for the community in general.

The community chosen for this study was Glenwood. The EFCL's letter facilitated an initial contact with the president of that community league, and a partnership was formed. At the same time, a community "walkabout" was conducted by the

community development office to gain insight into the physical, social, and cultural aspects of the community. Community profiles obtained from Community and Family Services were of assistance in this effort.

The Glenwood partnership was instrumental in survey initiation as it clarified the geographic boundaries, added legitimacy to the project, and provided information regarding community gatherings which could be used to begin the survey process and to identify possible volunteers. Two opportunities arose to connect with individuals in the community.

The first opportunity was an Information and Sharing Meeting which was arranged through the Community Development Office with the help of the community league. The meeting was set for May 12, 1994 in the Glenwood Community League Hall. The meeting was advertised in the Glenwood Newsletter, and on notices which were posted in apartment lobbies and on business windows or doors, one week prior to the meeting. The meeting attendance was small, but dynamic. The group talked and struggled with the health changes that are and will be happening. There was a very healthy discussion around personal responsibility for health, use and abuses of the system by doctors and citizens, and the sharing of talents and ideas. As well many suggestions were offered to the community development team regarding the individual capacity survey. One of the most helpful suggestions was that the individual surveys begin with the members of the community league. This was key as these individuals are seen to be the most active and involved members of the community, and the individuals that would be most likely to emerge as participants in the development of a community health plan.

The second opportunity for connecting with individuals in the community was the Glenwood Garage Sale. The president of the Community League informed the Community Development Office use of this gathering and offered the use of a display table. The informal setting was an excellent medium for discussing and completing individual capacity surveys, and recruiting volunteers.

Other organizations were contacted that would be valuable resources in the initiation of community networking and the provision of information and previous research. These key organizations included:

- Family and Community Services
- Health Unit
- Community Police Station
- Business Associations
- Parks and Recreation
- Churches
- Schools

Networking with key people from these organizations resulted in a support network and further contacts. These initial contacts formed a resource base which was continually drawn upon while conducting the study.

Key print resources were also gathered (see section V. Resources)

KEY MODEL ELEMENTS FOR INITIATION OF CAPACITY ASSESSMENT

- **ESTABLISH KEY CONTACTS WITH THE COMMUNITY**
- **COMPLETE A COMMUNITY "WALKABOUT" AND EXAMINE COMMUNITY PROFILES**
- **ARRANGE OR ATTEND COMMUNITY GATHERINGS**
- **CONFIRM GEOGRAPHIC BOUNDARIES OF THE COMMUNITY**
- **DEVELOP COMMUNITY PARTNERSHIPS AND INITIATE NETWORKING**
- **GATHER KEY PRINT RESOURCES**

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2. SURVEY DESIGN

Three surveys were developed. These surveys were used to gather information about the community's capacity to support health. The three surveys included one for the **individuals**, (Appendix A), one for **businesses**, (Appendix B), and one for the **associations**, (Appendix C). Each type of survey included: name, address, postal code, telephone number, and fax number. It should be noted that each of these surveys may be adapted to suit the particular community.

A. Individual Surveys

The individual survey was developed based on the individual "Capacity Inventory," from J.P. Kretzmann and J.L. McKnight's book, Building Communities From the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets, pp. 19-25. The survey asked questions regarding personal skills and abilities, and required simple "yes" or "no" answers.

After completing individual surveys, it was noted that some areas required further detail or clarification. First, more detail was required for addresses. Although the street addresses were recorded, the postal codes were not. This lead to the extra volunteer hours which could have been used more efficiently. Second, the section of the survey which questioned professional/wellness training and experience was not clear. For example, several individuals answered 'yes' to 'medical care', when they were not doctors. Finally, in retrospect, the addition of a question regarding association membership would be helpful in identifying the community associations.

B. Business Surveys

The business survey was developed by the community development office based on concepts from Kretzmann and McKnight. The survey asked open-ended questions about the business' ability to support health. It also inquired about their interest in being involved in any future moves toward a community health plan for Glenwood.

C. Association Surveys

The association survey was developed based on the business survey, but was altered to account for the fundamental differences between businesses and non-profit associations. Most questions were similar to the business survey, but it also asked for information regarding membership and networks.

KEY MODEL ELEMENTS FOR SURVEY DESIGN

- **DESIGN A SEPARATE SURVEY FOR INDIVIDUALS, BUSINESSES AND ASSOCIATIONS**
- **SET UP SURVEY TO COMPLIMENT DATABASE DESIGN**

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3. SURVEY DATABASES

Three separate databases were developed using Microsoft Works, one for each of the individual, business, and association surveys. The databases were designed for quick and easy access to data. The responses were recorded in chronological order, so that each question could be accessed individually. It was most effective, therefore, to design survey questions so that they were in a clear and logical order, and that each question included only one idea. Questions requiring simple yes or no answers were the easiest
to input.

KEY MODEL ELEMENTS FOR SURVEY DATABASES

- **SEPARATE DATABASES FOR EACH OF THE INDIVIDUAL, BUSINESS AND ASSOCIATION SURVEYS**
- **SURVEY QUESTIONS WRITTEN IN LOGICAL ORDER AND INQUIRE ABOUT SEPARATE IDEAS TO FACILITATE DATABASE DESIGN.**

---

4. SURVEY PROCESS

A. Individual Surveys

a) CRITERIA - For statistical purposes, the target number for completed surveys was ten percent of the Glenwood population, or 450 surveys.

b) TIME - Each individual survey took about ten minutes to complete, depending upon how interested the individual was. The time required to complete all of the surveys was quite lengthy but could have been done faster given more human resources.

c) METHOD - Individual surveys are best completed by volunteers. They are simple to administer, and there are no open ended questions that require special explanation. The surveys were completed in a number of ways.

i. The first surveys were completed using the community league

membership list which was provided by the community league executive. These surveys were done over the telephone.

ii. The second set of surveys were completed by attending a community gathering, a garage sale. Twenty surveys were completed, and an attempt was made to recruit volunteers. A couple of individuals emerged as potential volunteers, but they did not come through.

iii. The third attempt at surveying was through a "community blitz". This was group effort in which several volunteers canvased the Glenwood community over a short period of time on a Saturday, July 9 morning at 10:00am. Twelve volunteers were recruited for this endeavour.

Prior to initiating the survey the volunteers were given a ten minute orientation. This included a verbal explanation of the survey and a volunteer orientation handout. Volunteers were given the opportunity to ask questions, but none were asked. They seemed to be clear on the purpose of the study.

After explaining the purpose of the surveys, the volunteers were given instructions for surveying, assigned an area within Glenwood to survey, and given an envelop with surveys, participant information sheets, a surveyor script, and pencils.

To prevent duplication, the Glenwood community was divided into five separate areas. Each area was covered by two to four surveyors. A volunteer was left at home base, the local MLA's office in this case, with a list of the volunteers and the areas they are covering. Each surveyor was asked to complete their own surveys, but to keep an eye on their partner for safety purposes. This system seemed to work well, but one group felt they had a better response when they did the surveys together.

The surveyors worked for two hours, and completed 75 surveys, an average of 8 surveys or 4 per hour. It was noted that many people were not home during the time of the day that surveying was completed. After the two hour period, the surveyors met back at home base, to turn in their surveys. Each group was asked to identify the exact area covered to prevent repeat surveying.

The two hour period went by quickly, and seemed to be a comfortable amount of time for the volunteers. Comments from the volunteers were quite positive, and those who commented stated that they enjoyed doing the surveys. Some stated that they wanted to spend more time explaining the survey, but felt that they would not get many

surveys done if they did. In some cases the participants did not seem to want to hear the explanation, whereas others were quite interested. All participants who seemed keen were noted.

Although this method was time-consuming, it is thought to be the best method because it allows the surveyor to provide background information about the survey and its purpose, and to leave printed material with the respondent. As well, when the surveyor fills out the survey with the individual, there is less reading and deciphering of the survey for the respondent to do, and therefore the survey takes less time to complete.

iv. Since the first community blitz required so much person power, a decision was made to try an approach which would require less human resources. Fifty surveys were dropped off with a covering letter on Monday, July 11 in a specific area of Glenwood. The cover letter explained the purpose of the survey, and asked that they complete the survey and leave it in their mail box for volunteers to pick up on the following day, Tuesday July 12 at a 7:00 pm. The surveys were delivered in a business size envelope labelled with both the Caritas Health Group and the Glenwood Community League. It took approximately 1 hour for two people to deliver the surveys.

Of the fifty surveys dropped off, zero were found completed in the mail box. However, the volunteers still attempted to survey these houses by knocking at the door and asking if they have had a chance to complete the survey. By doing this, 5 surveys were completed, and fifteen people said they would do them for Thursday. It took 2 hours for two people, working together to obtain these results.

Although this blitz only resulted in a 10% return, 30% asked us to come back on Thursday. Upon returning, 14% of the original 50 responded by having the survey complete and in the mail box or completing upon request. It is felt that doing the surveys in this method gives the residents a chance to review and complete the survey on their own time. However, it does not allow personal explanation and the opportunity for clarification if necessary. It was noted that many of the participants were reluctant or refused to complete the survey because they felt we were looking for volunteers.

v. A second attempt was made using the survey drop off method on Wednesday July 13, 1994. After noting the low response of the first attempt, the covering letter was edited to include a well highlighted message stating that completion of this survey would result in no

obligation, and no further solicitations. As well the covering letter and survey were placed in the envelope in a manner which would result in the covering letter being read first. It was felt that perhaps the original method of folding resulted in the potential respondent viewing the last page of the survey first. This page asked the question; have you ever done any volunteer work?, which may be the reason that many of the people surveyed in the first attempt felt we were only looking for volunteers.

Another fifty surveys were dropped off Wednesday, and collected Thursday. The response this time was much better. Nine surveys (18%) were collected as opposed to five (10%) during the first survey drop off.

vi. As a final method, the hospital volunteer services was contacted. This method is not yet complete. The manager is currently in the process of recruiting volunteers. These volunteers will be given 10 - 15 surveys, a section of Glenwood and a one week time period to complete all surveys.

NOTE: When completing surveys in person door-to-door, it may be necessary to do surveys over a period of a week, so individuals who are not home may be tried repeatedly. It is also beneficial to establish a rapport with the individuals so that quality information can be obtained without making the individual feel intruded upon.

d) HUMAN RESOURCES - Due to the large number of individual surveys to be completed, it is necessary to have a sizable pool of volunteers or students to complete them. Given that it took two hours for ten volunteers to complete 75 surveys. In this way, it could be expected to take an average of twenty minutes to complete one survey. To do five hundred surveys, sixty person-hours would be necessary. This does not include the time it takes to train and coordinate the volunteers.

B. Business Surveys

a) CRITERIA - For the purposes of this study, a business was defined as a privately owned organization whose goal is to make a profit.

b) TIME - Business surveys could be completed in an average of fifteen minutes each, depending on the amount of interest the business shows. The entire lot of business surveys took considerable time because they were done in person. This required extra time to travel from business to business.

c) METHOD - Prior to initiating business surveys it is important to determine the total number and names of the businesses within the community. This is best achieved during the community walkabout, especially if there are a large number of businesses in the community.

Once the list of businesses is complete, the survey process can begin. The business surveys should be done in person for best results. It is important to establish a rapport with the business owner or manager to ensure quality information is obtained. Surveys may also be completed over the phone, but generally the response is not as positive.

d) HUMAN RESOURCES - Volunteers are capable of completing these surveys, given proper training. It may be preferable, however, to have paid staff complete these surveys, as contacts with the business community will be a valuable resource in the future.

C. Association Surveys

a) CRITERIA - When categorizing associations, there is often some ambiguity as to whether or not it should be considered as part of the community. When examining the criteria for inclusion in the community, it was decided that if the organization existed physically within the community it should be included. If it provided a possible resource to the people of the community but existed outside the boundaries, it was not considered part of the community, but was still surveyed. As well, associations were categorized as governmental or non-governmental.

It may be useful to make a list of the associations in the general area of the community, and complete a survey of these associations to determine what resources they provide, and if they would have membership residing within the community. Also, this information will be useful in the development of programs in the future, or when the capacity study is expanded to include a larger area. For some organizations, it may only be necessary to know of its existence, and not to complete a survey. These should be considered lower priority, and surveys should be completed with them if time and resources permit.

b) TIME - The compilation of the list of community associations took a great deal of time because information was gathered from several different sources. As well, the association surveys were completed over the telephone, and each required about thirty minutes to complete. Because of the length of these telephone interviews and the concentration required, it should be expected that six would be an approximate maximum of surveys to be completed in one day. Together with the other types of research required to get a complete listing, this would constitute a full day.

c) METHOD - There are several useful ways of beginning to compile a list of associations in the community. The first is to research the possible meeting places for associations within the community. These would include churches, schools, and community halls. The organizations that have the meeting space have to be surveyed as well, but one needs to ask these groups what organizations and associations use their space. As well, one can range beyond the strict physical boundaries of the community being surveyed, because groups from within the community will meet in places outside the community.

The second valuable source of information about associations is the information gained from the individual surveys, especially in response to the questions we added, after some trials, "What organizations or associations do you belong to?" as well as "What organizations or associations do you know exist?" The answers to these two questions should be kept separate so as to obtain names of active members of the community.

The third information source in researching community associations is the use of existing resources. These would include any information compiled by Community and Family Services, the listing provided in the Directory of Community Services (published by the Support Network of Edmonton annually), and any information compiled by community league.

Telephone interviews were effective, but in-person interviews would be more interactive and easier to conduct. People are more forthcoming with information in person, and they are more willing to introduce you to other people in the organization when you interview in person. This would yield more names and key members of the community. In addition, in-person interviews allow printed follow-up information to be left with the organization.

It is useful to bear in mind the type of organization being interviewed. If it is a church, for example, it is often useful to ask about **Pastoral Care committees**. Other specialty groups may have skills, and it is often helpful to suggest examples to the interviewee in order to help him/her think of things you are looking for. The purpose of the study should be fully explained.

The contact should be made by someone knowledgeable about the direction and purpose of the study. This will enable contacts to be made and the initial stages of a network to be formed.

NOTE: It is of vital importance to talk to the correct people when dealing with the associations. Don't settle for the secretary or assistant, especially if the purpose is to maintain contact with that group.

d) HUMAN RESOURCES - Association surveys took a great deal of time, because of the depth of the survey. They could be completed by an experienced volunteer, but because of the valuable contacts, it may be best to have a paid staff member working with them.

KEY MODEL ELEMENTS OF SURVEY PROCESS

- **TALK TO THE RIGHT PEOPLE**
- **DO THE SURVEYS IN PERSON IF POSSIBLE**
- **MAKE USE OF EXISTING RESEARCH AND LEGWORK**
- **MAKE THE INFORMATION SHARING AS MUTUAL AS POSSIBLE**

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5. PUTTING IT ALL TOGETHER - ASSET MAPPING AND RESOURCE LISTS

A community asset map was developed based on a model from the "London Good Food Project" (see references). The Glenwood Asset Map, "Glenwood Community Supports for Health and Wellbeing - Connections" is meant to be a graphic representation of some of the connections the community has in place to support health (see Appendix D). At the heart of the map is the central concept of "Health and Well-being." From there eight main avenues emerge which reflect the community's supports for health. These supports were identified through the business surveys, and all businesses that expressed interest in providing supports for health and well-being were included on the map. Together, the main branches and the businesses form a map toward health and well-being, and represent the paths that community citizens may take toward health.

In addition, resource lists were generated containing the results of the completed surveys. These lists gave detailed information about the skills, abilities and resources available within the community.

The Asset Map and the Resource Lists, in combination, result in a community network of supports for health which can be made available to the individuals and/or businesses searching for assistance in specific skill/ability areas. These supports may be further

enhanced by individual citizens or businesses who would like to add their skills and abilities to the community's resource base. As well, this resource base could also be used to encourage networks between businesses and between individuals.

The groundwork done by this resource model will encourage individuals and groups to look within their own community for the support they require to achieve health and well-being. As well, many business, job and volunteer opportunities will emerge from the connections this model promotes.

KEY MODEL ELEMENTS FOR PUTTING IT ALL TOGETHER

- CREATE A GRAPHIC REPRESENTATION OF THE RESULTS
- MAKE RESOURCE LISTS AVAILABLE TO COMMUNITY MEMBERS

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6. COMMUNICATING RESULTS

It is essential that the application and results of Capacity and Resource Mapping (see Appendix D) be shared with the individuals, businesses and associations within the community to ensure that the community begins to make use of the valuable information. A follow-up letter was created that thanked all participants, explained the project, and highlighted the results (see Appendix D). This was distributed to all those who completed surveys. As well, an article was submitted to the Glenwood Newsletter, and each of the community league executives were informed of the results.

A copy of the final report was presented to all key parties, including the Glenwood Community League, the Edmonton Federation of Community Leagues, and the staff and management of the Caritas Health Group.

The results were also shared with communities and groups outside the boundaries of the community surveyed, to further build on the networks and connections already present. These groups included:

- Family and Community Services
- Health Unit/Edmonton Board of Health
- Community Police Station
- Business Associations
- Parks and Recreation
- Churches
- Schools
- Hospitals
- Medicentres

KEY MODEL ELEMENTS OF COMMUNICATING RESULTS

- **SHARE RESULTS WITH THE INDIVIDUALS, BUSINESSES, AND ASSOCIATIONS WITHIN THE COMMUNITY**
- **PRESENT COPIES OF THE FINAL REPORT TO ALL KEY PARTIES**
- **COMMUNICATE RESULTS WITH COMMUNITIES AND GROUPS OUTSIDE OF THE SURVEYED COMMUNITY BOUNDARIES**

VI. RESOURCES

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The Support Network (1994). 1994 Directory of Community Services- Northern Alberta's Most Comprehensive Human Service Directory. Edmonton: The Support Network.

APPENDIX A:

INDIVIDUAL SURVEY

BUILDING COMMUNITIES TOGETHER - Spring 1994
"releasing individual capacities and discovering community assets"

"people helping people in health"

DATE:

SURVEYOR:

Edmonton neighbourhoods/communities must look at the resources that individual community citizens and community associations have. An inventory of these assets and capacities will show that citizens and associations in each community have the resources to be the drivers, providers and supporters of community-based health.

Would you be willing to share with us your experience that may be helpful in improving the community's health. There is no obligation or commitment. We hope the results of this survey will encourage the development of new jobs, new businesses and more volunteers in the community!

Our questions are asking about the skills and abilities that you have related to health and wellness - about experiences in any of the following areas - through home, church, family, work or community.

NAME: PHONE:

ADDRESS: FAX:

WORK LOCATION:

ARE YOU A COMMUNITY LEAGUE MEMBER? YES___ NO ___

OTHER comments or things of note:

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Do you have in experience in...	YES	NO
caring for the elderly		
caring for the mentally ill		
caring for the sick		
caring for the physically disabled		
caring for developmentally disabled		
Do you have experience in providing these for the groups above		
Bathing		
Feeding		
Exercising and escorting		
Grooming		
Dressing		
Making the person feel at ease		
Hair care		
Foot care....		
What about experience with Food		
Catering		
Serving food to large numbers(over 10)		
Preparing food for large numbers (over 10)		
Preparing and cooking for less than 10		
Clearing/setting tables for large numbers		
Washing dishes for large numbers (over 10)		
Operating commercial food preparation equipment		
Meatcutting		
Baking for large numbers		
Gardening		
Farming - grain/vegetable		
dairy		
meat/poultry/eggs		
Grocery shopping		
Buying bulk food with other people		

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	YES	NO
Transportation experience		
Driving a car		
Driving a van		
Driving a bus		
Driving a taxi		
Driving a commercial truck		
Driving an ambulance		
Vehicle maintenance		
Home Maintenance experience		
Commercial Housecleaning/janitorial		
Window cleaning		
Laundry		
Ironing		
Electrical		
Plumbing		
Handi-man		
Mechanical		
Lawn care		
Painting		
Mending		
Knitting...		
Crocheting		
Professional/Wellness training and experience		
Pastoral care/ home visits for a church/organization		
Recreational/Activity		
Nutrition/dietetic		
Disease prevention counselling		
Quality of life counselling		
Nursing care (RN and LPN, CNA)		
Medical care (MD)		
Dental care (dentist)		
Dental hygiene		
Physiotherapy		
Occupational Therapy		
Chiropractor		
Non traditional medicine (accupuncture, herbal medicine)		
Teacher, trainer		
Social worker		
Pet care		
Pet therapy		

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	YES	NO
Volunteer Work		
Neighbourhood watch/crime watch		

In some cases there will be oppportunity for these talents of yours to be used on a volunteer basis or on a fee for service basis.
Which would be suitable for you? Volunteer ___ Fee ___? Both? ___

Put it all together and there are people resources in your community that will support health/wellness providing jobs, starting new businesses and providing volunteers. . You will be surprised at what your fellow community citizens and associations have to offer - and what could be developed using your own community capacities and assets - your resources!!

(Guidance and ideas from - **"Building Communities From the Inside Out-a Path toward finding and mobilizing a community's assets"**(1993) Authors - John P. Kretzmann and John L. McKnight)

* Suggested additional question:

What community groups or associations do you belong to or interact with?

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APPENDIX B:

BUSINESS SURVEY

CARITAS HEALTH GROUP - 930-5640
Spring __ 1994 Interviewer -
In person ___ Phone ___ Both ___

RELEASING COMMUNITY and INDIVIDUAL CAPACITIES in HEALTH
"fostering capacity sharing and development"

Association Name:
CEO/Pres/Chair/Key contact name:

Address:

Phone: FAX:
Service/product: (what are they?)

Profit ___ Not for profit ___ Other ___
No money changes hands___
Uses volunteers ____

HOW WOULD YOU DEFINE HEALTH?

1. What other organizations in this neighbourhood of _____ do you work/interact/communicate with? (name and address)

2. With what other organizations **NOT** in this neighbourhood of _____ do you work/interact/communicate with? (name and address)

3. Do you rent space to or from anyone? If so to or from whom? (names and addresses)

4. Do you see where your association/business is related to health/wellbeing and quality of life? YES ___ NO ___.
Do you or could you have indirect or direct supports for health/wellbeing/quality of life for people in this community?

GLENWOOD COMMUNITY LEAGUE CARITAS HEALTH GROUP

"PEOPLE HELPING PEOPLE IN HEALTH"

GLENWOOD IS RICH IN RESOURCES TO SUPPORT HEALTH!!!

Thank you for taking the time to complete the Glenwood community capacity survey with our volunteers. Thanks to you and many other businesses and individuals in your neighbourhood, we have been able to collect some valuable information about the skills and abilities of the individuals, businesses and associations who reside or operate in Glenwood. This very exciting information means OPPORTUNITY for all those who live and work in Glenwood!

WHY WAS THE SURVEY COMPLETED?

In an effort to eliminate the deficit, our government has made massive cuts to health care. This leaves many of us feeling as though we've lost control of our own health. The purpose of this study was to show the Glenwood community that it is possible to regain some control of health. The survey results show that the community has many assets that lie within its own boundaries, and we are pleased to make this information available to all the residents and businesses of Glenwood.

WHO WAS RESPONSIBLE FOR DOING THIS SURVEY?

This survey was completed by the Glenwood Community League, in partnership with the Community Development office of the Caritas Health Group. Yours is the first community to take part in this venture, and it is hoped that more communities will come on board. The Caritas Community Development office acts as a community animator, encouraging networking among individuals, businesses, and associations, supporting the creation of new partnerships and opportunities, and building on community strengths.

HOW DOES THIS INFORMATION MEAN OPPORTUNITY?

The information collected during this survey is an inventory of the community's **assets**. We wanted to show the community what it **has** to support health. This information could turn ideas into business ventures, as people come together to share their resources. Everyone has special skills and abilities which can be shared. By identifying these resources, we can see many opportunities arise for new business and job opportunities. Our goal has been to provide the community with this information, but its up to YOU to take advantage of it.

WHAT WERE THE RESULTS?

We found some very exciting results! We surveyed 172 households, 112 businesses, and 28 associations in Glenwood. Here is a sample of what you said:

Individual households said that they had, and may be willing to share, the following experience:

- caring for the elderly (55 people)
- caring for the sick (71 people)
- preparing food for numbers over 10 (79 people)
- bulk food purchasing with other people (49 people)
- vehicle maintenance (42 people)
- electrical (46 people)
- plumbing (45 people)
- mechanical (66 people)
- teaching (29 people)
- plus much, much more...

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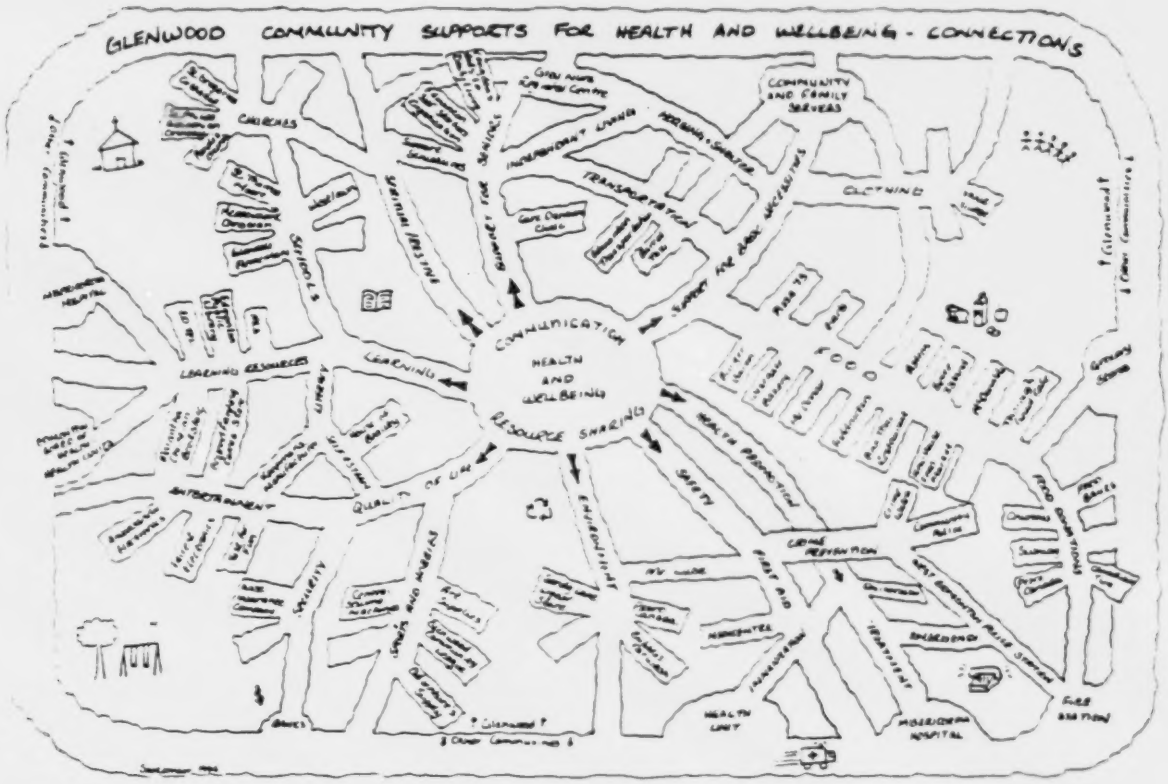
Businesses and associations also had a great deal to offer. In fact, they had so much to offer and share in support of health and wellbeing that we decided to **map** it out! The map below shows the results. The business and associations of Glenwood said they could provide support in eight main areas. These areas include learning, spiritual/festive, support for seniors, support for basic necessities, health promotion, safety, environment and quality of life. Check it out!!



Please note: The business and association names listed above are only those who said they were interested in being involved in this initiative. We are confident that many more will emerge.

HOW CAN YOU ACCESS THIS INFORMATION?

The Glenwood Community League offers easy access to this valuable information. All you have to do is contact the president of the League, Gary Racich, at 452-3190. The information is also kept at the Community Development office at the Jasper Place High School. Contact Susan Roberts, Community Development Coordinator, at 930-5640. A full report of this Community Health Capacity Study is available at both of these locations.

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IT'S ALL HERE!!

APPENDIX C:

ASSOCIATION SURVEY

CARITAS HEALTH GROUP AND THE GLENWOOD COMMUNITY LEAGUE

"PEOPLE HELPING PEOPLE IN HEALTH"

Association Survey

Date:_____
Interviewer:_____ In Person ___ Phone ___ Both ___ Mailout ___

Person Interviewed: _____

Association Name: _____

Parent Association (Local, National, International): _____

Pres./Director/Chair/Contact Person: _____

Address: _____

Phone: _____ Fax: _____

Not for Profit ___ Registered Charity ___ No money changes hands ___

Sources of Funding.

Number of Members - Active: _____ Associate: _____

Key Members: _____

Volunteers (#) _____ Paid Staff (#) _____

HOW WOULD YOU DEFINE HEALTH?

1. What is your purpose? What services do you provide or take part in?

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2. Are most of the people who are part of your association, or use your service, from the surrounding community? If not, where are they from?

3. a) What organizations/associations/businesses in this neighborhood do you work/interact/communicate with? (names and addresses)

b) Organizations/associations/businesses NOT in this neighborhood? (names and addresses)

4. What organizations, groups of individuals, or individuals use the space you have available?

5. Does your association provide any supports for the health and well-being of the people in this community. Can you see any ways that it could provide supports?

6. Are you interested in being involved in any initiatives that may emerge as a result of this study? If so, how?

Follow-up Action/Notes

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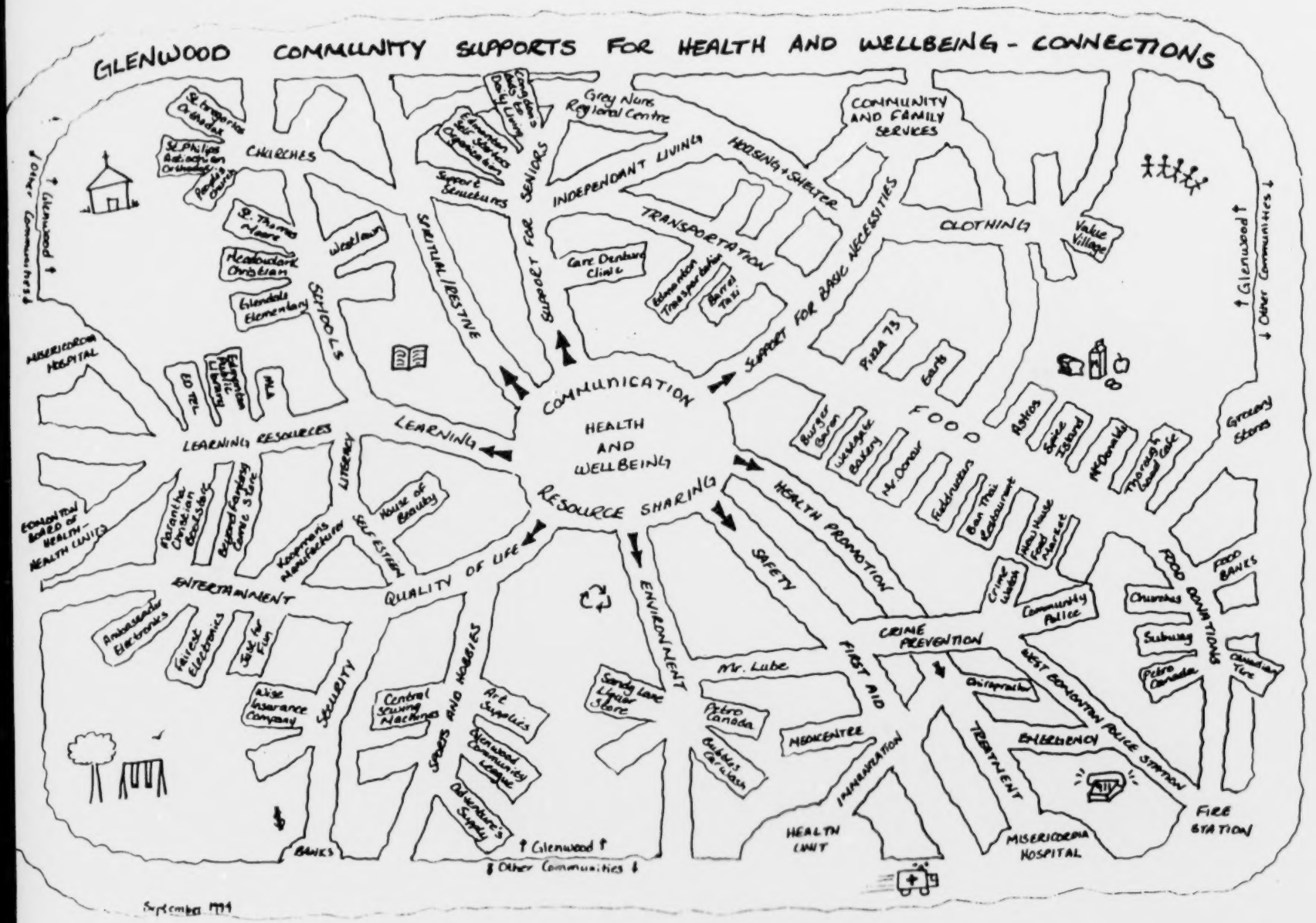
APPENDIX D:

GLENWOOD PILOT REPORT AND PARTICIPANT FOLLOW-UP

APPENDIX E:

GLENWOOD ASSET MAP "GLENWOOD COMMUNITY SUPPORTS FOR HEALTH AND WELLBEING - CONNECTIONS"



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- REPORT -

GLENWOOD COMMUNITY

CAPACITY FOR HEALTH SUPPORTS

Completed September 1994

Glenwood Community League
Community Development - Caritas Health Group

8950-163 St.
Edmonton Ab
T5R 2P2

REPORT
GLENWOOD COMMUNITY CAPACITY FOR HEALTH SUPPORTS

I. INTRODUCTION

Current trends in health care and the decline in funding to hospitals, have caused a re-examination of relationships between health care institutions and the community. It is believed that a more cooperative relationship with the community would result in increased effectiveness of the health care system. Thus, the movement towards community-based health has begun. This movement is reflected in the Community Accountability Policy of the Caritas Health Group, whose the Community Steering Committee has worked to develop programs and ideas that nurture and support involvement with the community. From this thought and activity stemmed the concept of Asset-based community development.

The notion was reinforced by the writings of J.L. McKnight. Dialogue with him helped to give structure to the idea. Kretzmann and McKnight's Building Community From the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets provided a useful conceptual framework, ideas, and a basis for the development of surveys. Kretzmann and McKnight's theories were expanded upon, as the community was thoroughly surveyed and researched. Their work in the community and positive approach to problem solving reinforced the path the Caritas Health Group had taken toward community accountability.

At random, the Glenwood community was chosen to be the subject of a pilot study to see what assets it possessed that supported health. This study explored the capacities the Glenwood Community has to support health, and searched for answers to the question, "What resources does the community of Glenwood have that could support a community based health plan?" In order to find the answer to this question, an inventory of the skills and abilities possessed by the individuals, businesses, and associations in the community was taken.

The driving force behind this study is the belief that communities would assume more responsibility for their health and well-being if they had a better understanding of the resources they have in their community. What was lacking was the knowledge about those resources; people in the community needed to be connected to them. The information has been accumulated, and it may now be used to support any programs developed around health in the community.

The discussion of **health** in this study refers to a complete state of wellness. It includes physical, emotional, spiritual, and mental well-being of all people. **Community**, for the purposes of this study, has two meanings. It is defined as the physical area that contains the municipal division known as Glenwood, as well as a group of people having a common interest or goal. The **capacity** of a community to support health refers to the resources, skills and abilities found within the community that could potentially enhance the quality of life for the people living in that community.

II. GOALS AND OBJECTIVES

The goals of this project were threefold:

1. To develop a system for gathering information about a community. This information focused on the skills and capacities, or "gifts", that individuals, businesses, and associations (governmental and non-governmental) possess that could potentially provide supports for a community health plan.

2. To provide and promote an accessible resource to the members of the community that could be drawn upon in the development of community based programs.

3. To establish linkages and networks among community members and associations that could serve as a basis for the sharing of information as well as the impetus for programs around health in the community.

Objectives were established stating that the project would:

1. Provide a model outlining the system used for gathering information about the community's capacities for health, available for use by 15 September, 1994.

2. Provide three separate databases and an asset map containing information about resources, obtained from the three surveys completed in the community, made available to the community as a resource by 15 September 1994.

3. Nurture the development of a network of key individuals and associations interested and motivated toward the development of a community health plan. This group will be formed and informally defined by September, 1994.

III. METHOD

THE SUBJECT

The subject of this study, the Glenwood community, was chosen at random from all the communities in West Edmonton. The boundaries for the Glenwood Community League will be formally recorded in the Fall of 1994. For this project Glenwood is bounded on the North by Stony Plain Road, on the South by 95th Avenue, on the East by 156th Street, and on the West by 170th Street.

According to Edmonton Community and Family Services Neighbourhood Profile (1993, Appendix A), "Glenwood is a physically and demographically mature residential neighbourhood." The average family income in Glenwood is considerably lower than the average for Edmonton, and the community has a higher proportion of seniors and aboriginal people than the city average. The population of Glenwood is approximately 4500 people. Glenwood also has an active community league of about one hundred members.

INITIAL CONTACT

The first contact made in the initiation of this study was with the Edmonton Federation of Community Leagues (EFCL). They endorsed the project, and sent out a letter (Appendix B) to each of the community league presidents explaining our goals. When the community of Glenwood was chosen, the EFCL provided the Glenwood Community League president's name. In order to nurture community involvement a valuable partnership was developed with the Glenwood Community League. This partnership provided information about community events, as well as a base of volunteers and active community members. Through these contacts, as well as contact with Edmonton Community and Family Services, schools, and churches, a list of contacts who served as the basis for networking within the community emerged.

An initial community information meeting was held at the Community League Hall and the small group of six discussed the project (Appendix C).

The concept of community based health has a strong "grass-roots" orientation. The goal of this project, as previously stated, was to provide a resource to the community, which may be used in the development of programs and in addressing community health issues. It was hoped that people from the community would emerge to lead and drive this study. A few of these people did emerge in the form of volunteers, but due to the time of year (summer), numbers were limited. The President of the Community League was very active, but the number of active people from the community were relatively low. The bulk of the data collection was done by Community Development staff and hospital volunteers. The pilot project was a priority so the model would be developed and then be applied to other communities. This approach fits closely with the long term goals of the Community Development Office of the Caritas Health Group.

SURVEYING INSTRUMENTS

Three different surveys were developed to gather information from the community. There was a different survey for individuals, businesses, and associations (Appendix D).

The individual surveys gathered information about the skills and experiences each person had. They were administered in person for the most part, and asked a variety of questions including ones dealing with experience in dealing with the elderly, caring for disabled, and preparing food, etc. They were set up in a "yes/no" format that was easy to understand and, therefore, easy to administer.

The business surveys asked open ended questions about the business's approach to the community. It asked such questions as "What is your definition of health?" and "What supports do you or could you have for health in the community?" This type of survey allowed the respondent to supply all the information that he or she thought relevant. It also allowed the interviewer to pursue any avenues of interest that was not directly addressed in the survey.

The association survey was developed from the business survey. It also consisted of open ended questions, much like those of the business survey, but it also included questions about volunteers, origin of membership, services, etc. The association survey was designed to be administered over the telephone, and was structured to flow as a telephone conversation would.

PROCEDURE

An initial "walkabout" was done in the Glenwood community to obtain the names of all the businesses and visible associations within the physical boundaries of the community. Along with this, a listing of associations were obtained from the Jasper Place Resource Network's Community Resource Booklet, The Resource Network's Community Services Directory (see references attached to Model Development document).

Once a listing had been compiled, the actual surveying began. The surveys were administered in a number of ways. Each of the types of survey were being administered at the same time by different volunteers and staff members. The goal was to have all of the surveys of each type completed at the same time. Coordination of the surveying was time-consuming. It required that the surveyors not survey the same individual, business, or association twice. As well, the volunteers were trained and equipped with supplies.

INDIVIDUAL SURVEYS

Trained surveyors attended a community garage sale and surveyed community residents at that time. Community league members were surveyed over the telephone, from a membership list provided by the Glenwood Community League.

The majority of the individual surveys were conducted door to door. There were a number of door to door survey methods tried. The first was a community blitz where volunteers were assigned a certain area to survey in two hours. This was successful in yielding seventy-five surveys. The second method was dropping off surveys with a cover letter and then picking them up. A correctly worded cover letter, one that assured the respondent that they would not be further solicited, and that there was no obligation, yielded a 10% return on the surveys. This was seen as a success by the survey team. The third method was to assign a certain number of surveys to be completed by a volunteer by a certain deadline, and they could be completed in any desired method, as long as the assigned number were completed on time; this also was deemed a successful approach. One hundred and seventy two surveys were completed

BUSINESS SURVEYS

The business surveys were completed in two ways. Using a list of the businesses in the community that had been compiled, they were divided up among surveyors and completed either by phone or in person. The in person interviews were found to be most effective in yielding cooperation and ideas, but were very time-consuming. The telephone interviews were less effective in gathering information, but required less manpower and time. Ninety business surveys were conducted.

ASSOCIATION SURVEYS

A great deal of research was required to compile a complete list of associations in the community. The association surveys were completed almost entirely over the telephone, with the exception of the Community League. This was found to be an effective method of eliciting information from the associations. They were also much less time consuming than the in person interviews. A total of twenty-eight surveys were completed (including schools and churches).

DATABASES

Databases were set up to handle the results for each of the individual, business, and association surveys, and are not interchangeable. The databases have the capability to print out the respondent answers for each question, the total number of responses when appropriate and the total positive and negative responses to the questions. The databases are readily available to community citizens and to the Community League.

LIMITATIONS

There were some major human resource limitations to the completion of this project. It proved impossible to devote any personnel to the project for any length of time because of other responsibilities. As well, there was no funding specifically allotted to the study, so resources had to be allocated carefully. These limitations forced boundaries upon the surveyors that may not appear logical. For example, there are no grocery stores within the community of Glenwood, therefore none were surveyed. Clearly, however, the people of Glenwood must buy their groceries somewhere. Had resources permitted, all businesses and associations having an effect on the community, but outside the physical boundaries of Glenwood, would have been surveyed. University students and volunteer organizations are wonderful resources.

Another limitation of the survey process was the method of surveying. There was inconsistency in the method of surveying - door-to-door, letters, over the telephone, etc. As well, there were many different people involved in administering the surveys. Because of these variances, it is difficult to be certain of the consistency of the answers to certain questions on the individual surveys. For example, when asked about their experience in "caring for the sick", a person may respond "I have a little bit of experience with that." The surveyor may interpret this response to be positive, and therefore check the "yes" box, or he/she may interpret the response to be negative. Different surveyors would obtain different results in conducting a survey on the same person.

A third limitation of this project was the timing. The study was conducted during the spring and summer when many community residents were on vacation which made it difficult to find volunteers and respondents; fall and winter would be better times to conduct the survey. Also, this study started when health reform and hospital closures were getting "big press" and some people were angry at the government and thought the survey was an attempt to "save the Misericordia".

IV. RESULTS

One hundred and seventy two individual, ninety business and twenty eight association (includes schools and churches) surveys were conducted.

PRE SURVEY COMMUNITY MEETING

During the pre-survey community meeting the people present discussed health reform and impacts it could have on the community. The general beliefs of the group were: there is some misuse of the health system, community based health is a sound idea if the serious accident/trauma and illness victims would still have ready access to a hospital and the idea of citizens supporting each other in health received a positive response from the group. The group also suggested the community needs to be more informed about what is happening, and that the community be informed about the results for this capacity survey.

INDIVIDUAL SURVEYS

Positive responses on "Experience in caring for the elderly, mentally ill, sick, physically disabled and developmentally disabled" were averaged at twenty-seven percent of the respondents with the most common being response being "taking care of the sick", forty-one percent.

Positive responses to "providing services to these groups" was thirty-four percent with the most common response being "making the person feel at ease", forty-nine percent.

Positive responses to "experience with food" was seventy percent; taking out the responses to preparing food for less than ten and grocery shopping, the responses around food were still high, at sixty-three percent.

Positive responses to "transportation experience" was twenty-six percent with the highest positive response being driving a car.

Positive responses to "home maintenance experience" was forty-five percent with the highest responses being window cleaning, laundry, ironing, lawn care and mending.

Positive responses as a percentage of the one hundred and seventy-two surveys completed, for professional/Wellness training and experience a high of thirty percent for pet care; twenty-one percent for recreational activity, pastoral care and home visits, and teacher/trainer, to very low positive answers to professional experience in dental, medical, chiropractory, Occupational therapy; and ten percent for nursing care, disease prevention counselling, quality of life counselling and nutrition/dietetic care.

Thirty percent of the respondents said they would volunteer their time and thirty five percent of the respondents said they would volunteer or charge for their service.

The database has the all the detailed information and is available for use, and the information is readily retrievable, upon request.

BUSINESS SURVEYS

Ninety business surveys, out of a potential of one hundred and thirty-six, were completed. Fifty-six businesses (41%) answered "yes" to the question "are you interested in being involved in initiatives that may emerge as we gather the information on supports to health in the community?".

In answer to the question "how do you define health?" generally the respondents answered broadly; overall wellbeing, mental and physical, spiritual, psychological, feeling good, preventative, personal upkeep, general fitness, state of mind, active life style, eating well, exercise, education, clinics, doctors, mental health available to all, no drugs, no smoking, no drinking, be able to do the things you want to, quality of life, sleep, people abuse the health system by running to the doctor every time something happens. Some respondents answered from a sickness/disease hospital orientation: go to the hospital when sick, absence of disease, some place to go when not well, medi centres, clinics, doctors, public sector health care systems that provide health, don't think about it until you are sick, important part of society-without healthcare there are two classes.

The answers to the question "do you see where your organization could provide direct or indirect supports for health?" ranged from food preparation and service, transportation, recreation, personal care, pain relief, allergies, low cost clothing, cleaning and caring for children, printing services, supports to keeping people in their homes and many others.

ASSOCIATION SURVEYS

Nine associations out of a potential of nineteen, four schools from a potential of four, and fifteen churches out of a potential of fifteen, responded to the surveys. All defined health in the broad sense although in different words - spiritual, physical, mental and emotional, a balance, a healthy lifestyle, well being.

All these groups believed there are contributions they make, and could make to community health through, outreach programs, prayer, home visits, pastoral care teams, assisting with communication, opening the facilities up for community use and health clinics.

All were very "interested in being involved in initiatives that may emerge around health" either by active involvement or as a resource.

COMMUNITY ACTION AND CONNECTIONS

The **Glenwood Community Supports for Health and Wellbeing Asset Map** (Appendix E) shows the connections that are possible within in Glenwood community.

During the study period, May to August 1994, connections further than the Glenwood Community emerged when contacting groups and individuals to participate in the survey. The Glenwood Community League president was connected and became involved in the West Edmonton Business Association (WEBA), and the expanded Jasper Place High School (JPHS) and Misericordia Hospital - Business Education partnership. The Community League also became informed about the West Edmonton Services To Teens (WESTT) project. The survey process was the catalyst for other meaningful community connections between individuals and associations - JPHS and WEBA, WESTT and JPHS, WEBA and the Metis organization. The west end is definitely more interconnected as a result of this study.

V. SUMMARY OF RESULTS AND CONCLUSIONS

SUMMARY OF RESULTS

The results show Glenwood to be a community that has the capacity to provide many supports for health to its community members - individuals, businesses and associations. Thirty one percent of individuals, forty one percent of businesses and one hundred percent of the associations, said they were willing to volunteer their broad range of skills and abilities for community health supports. Twenty-two percent of the individual respondents said they would provide the health support for a fee, suggesting there is interest in the business opportunities that community based health may provide.

The respondents generally defined health broadly but at the same time were worried about where the health care system is headed.

The community connections that developed during the study period showed community interest and commitment to community and individual health. The connections that emerged also showed that the interest and commitment was much broader than the Glenwood area.

CONCLUSIONS

The Community Capacity Study was successful. The three measurable objectives established by the team at the outset have been reached and the community is "connected". The objectives outlined for this project were that the project would:

Objective 1. Provide a model outlining the system used for gathering information about the community's capacities for health, available for use by 15 September, 1994.

COMPLETED

Through trial and error, experience, and hard work, a model has been developed for determining what capacities a community has to support health. This model may be used to complete a study of this type on any community. A copy of the model, and the dialogue regarding its development, is available at the Community Development Office of the Caritas Health Group.

Objective 2. Provide three separate databases and an asset map containing information about resources, obtained from the three surveys completed in the community, made available to the community as a resource by 15 September 1994.

COMPLETED

Three separate databases have been developed that contain all of the information from the surveys that have been completed. Access to this information is through the community league and the Community Development office.

Objective 3. Nurture the development of a network of key individuals and associations interested and motivated toward the development of a community health plan. This group will be formed and informally defined by September, 1994.

NOT COMPLETE

This objective has been partially met, there are key individuals and groups that have emerged, but a group has not been formed around a community health plan. It is hoped that this will happen in the next year. The asset map also shows the connecting potential in this community.

The databases and asset map that have emerged from this project will be very useful to the Glenwood community beyond the resources they provide around community based health. The data bases provide valuable information to the Community League and others to support the development of the community. The databases and asset maps show community and business development potential, they provide information to connect individuals and associations with similar interests, and they indicate the community minded individuals, associations and businesses in the Glenwood Community.

INDIVIDUAL SURVEYS

Trained surveyors attended a community garage sale and surveyed community residents at that time. Community league members were surveyed over the telephone, from a membership list provided by the Glenwood Community League.

The majority of the individual surveys were conducted door to door. There were a number of door to door survey methods tried. The first was a community blitz where volunteers were assigned a certain area to survey in two hours. This was successful in yielding seventy-five surveys. The second method was dropping off surveys with a cover letter and then picking them up. A correctly worded cover letter, one that assured the respondent that they would not be further solicited, and that there was no obligation, yielded a 10% return on the surveys. This was seen as a success by the survey team. The third method was to assign a certain number of surveys to be completed by a volunteer by a certain deadline, and they could be completed in any desired method, as long as the assigned number were completed on time; this also was deemed a successful approach. One hundred and seventy two surveys were completed

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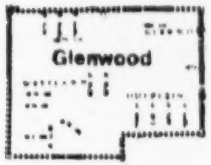
APPENDIX A

Glenwood Profile

GLENWOOD



League Founded: 1939

First President: Reginald Lightfoot

> The community league is not a government organization or a service club. It exists for the community. It cannot legislate, coerce or bribe.
>
> - Notice of Special General Meeting, March 21, 1979.

Glenwood Community League boasted a membership of 160 families within a year of formation. Standing committees were organized for sport, local improvements, education, social activities and welfare. The league was part of the Jasper Place Association of Community Leagues until 1964, when the Town of Jasper Place amalgamated with Edmonton.

Glenwood's building committee erected a rink and clubhouse in the fall of 1940. Mr. Panabaker and the building committee were assisted by the social committee, led by Mrs. Panabaker. Her committee raised $595 for the project through social affairs.

Plans for a community hall were started with the striking of another building committee in 1962. By 1965, a community hall was built for $16,000 and five years later, an extension was added, raising the value of Glenwood's assets to $43,000.

Social functions over the years at Glenwood have included ice carnivals, pancake suppers, whist drives, dancing, Thanksgiving banquets and classes in macrame. Jazz and highland dancing have been popular, as have courses in ceramics and cake decorating. Rummage and bake sales, paper drives and bingos have been held for the benefit of the league's bank account.

The Glenwood Teen Club started up in 1978 when the league was re-establishing its priorities. Community residents Peggy O'Neill, Brian Stanton and Barbara Paradis contributed a lot of time and effort to the new Teen Club.

The Glenwood junior belles ringette team won the city championship in 1979. In their regular schedule, the girls never lost a game. They then went on to win a tournament at Lacombe and finally played in the Western Canada House League Tournament at Regina. Ed Lowe coached the team.

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League functions are often advertised in the *Glenwood News*. The newsletter has an innovative style and format, containing features such as the "What's Cooking?" section, a clearing house for recipes. There are also "The Little Ads," which serve as a second-hand exchange and Sophie Ogle's "Things To Do," featuring crossword puzzles, new games and places to visit.

The 1970's were years of transition at Glenwood. The demography of the community was changing (the average age was rising) and staple activities like hockey and Little League baseball were not meeting the needs of a mature community. As Glenwood President John Ogle said in his annual report in 1978: "Glenwood is no longer a new community, the enrollments in this district's elementary and junior high schools are falling and consequently we have to admit new priorities into the community league.... We must also concern ourselves with the teens and especially their parents."

Toward the end of the 1970's, Glenwood started plans for a tennis/basketball complex. No effort was spared at bingos and other fund-raisers to make it a reality. When enough funds had been accumulated, however, the Glenwood executive was surprised to discover through a needs survey that such a facility was not really what the community desired. "Instead, you, the membership," admitted the executive,

> told us, as is your democratic right ... to discover the real needs of the community and to build a plan based on those.... Glenwood Community League now finds itself with an embarrassment of funds. An embarrassment because we are not spending them for the benefit of those who helped raise them. It should, therefore, be the priority of next year's executive to ensure that these funds are spent to the maximum benefit of the membership and recognize that such an accumulation is almost as severe a fault as no funds at all.

Since that time, Glenwood has spent its hard-earned money. The value of its fixed assets at 164th Street and 97th Avenue is over $225,000.

PAST PRESIDENTS: Reg Lightfoot, P.G. Smith, Ted Amyott, Mr. Plamondon, D. Giesbrecht, Grant Vawter, Ray Henderson, John Boyko, Peter Bergen, Peder Lodoen, Dale Jenkins, Jim Cockcroft, Gerry Murray, John Ogle, June Wilson, Len Dmytruk, George Valan, Dawne Wilson.

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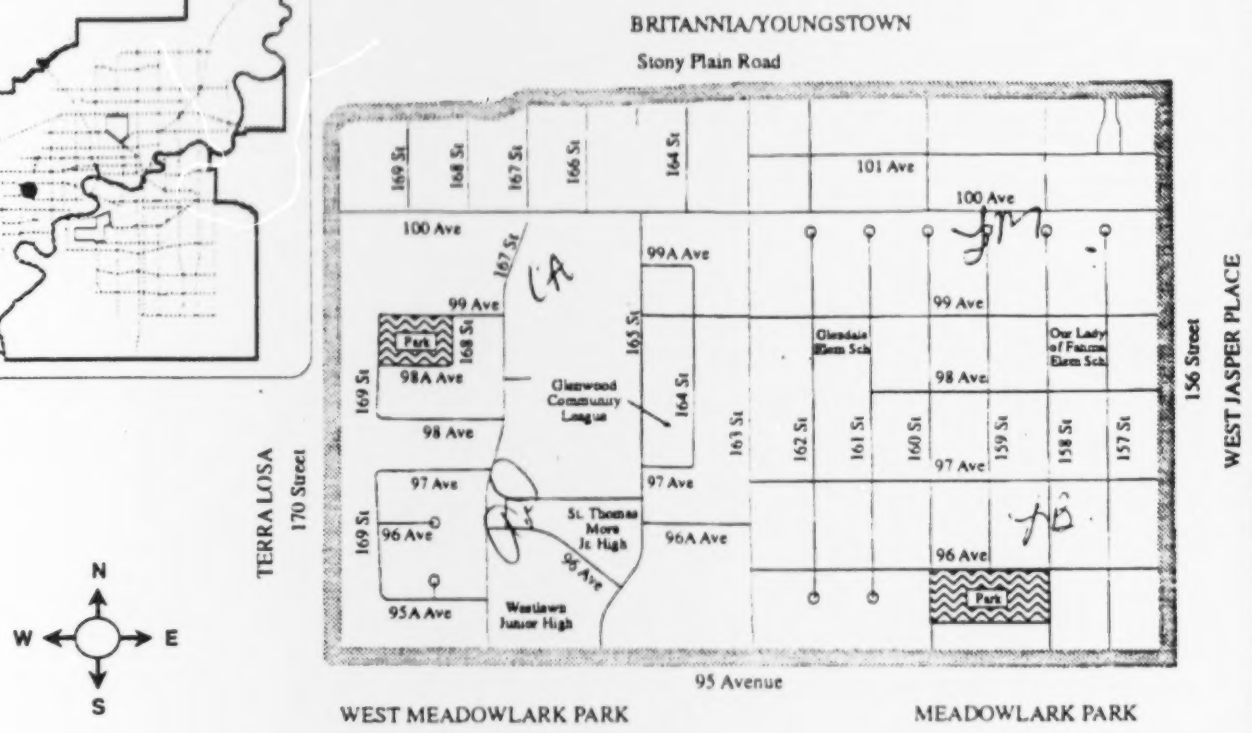
Glenwood



All figures have been rounded to the nearest percentage (unless otherwise noted).

Not to Scale

Highlights

Glenwood is a physically and demographically mature residential neighbourhood in the western sector of Edmonton. Located to the northeast of West Edmonton Mall, this neighbourhood:

- appears to be experiencing demographic rejuvenation as proportions of pre-schoolers and grade-schoolers are increasing;
- has a higher proportion of seniors and aboriginal people than the City average;
- has an average family income considerably lower than the average for Edmonton;
- has experienced extensive physical rehabilitation during the last decade; and
- is predominantly made up of single-family homes. Approximately 21% of the housing stock is comprised of multiple-family units.

Revised June 1993

THE CITY OF Edmonton COMMUNITY AND FAMILY SERVICES

INFORMATION AND PROGRAM EVALUATION BRANCH

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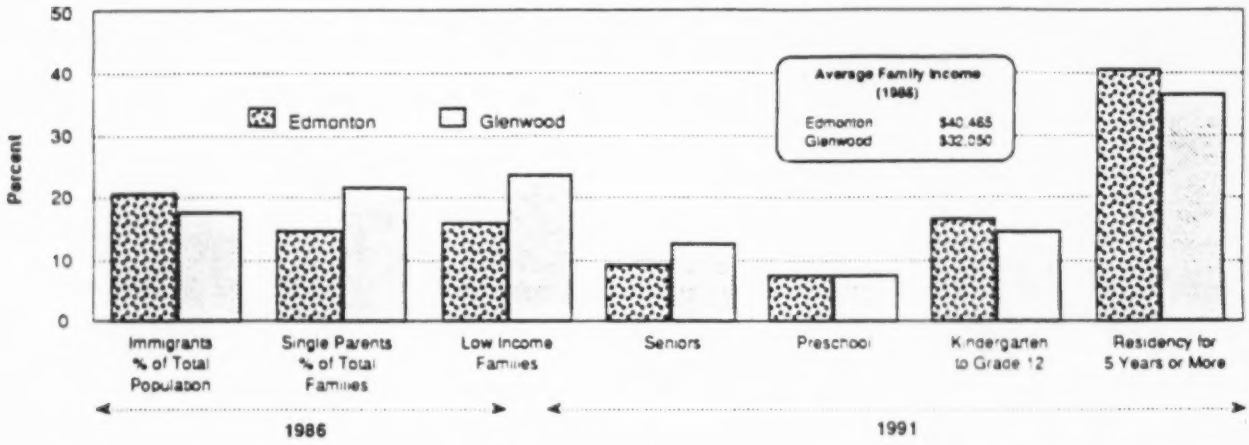
Social Characteristics

- Glenwood had a population of approximately 4,500 in 1991, less than one percent lower than the 1986 level. This population level, after gaining a substantial number of residents since 1983 appears to have stabilized.
- Demographic rejuvenation is evident in the fact that the proportion of residents under 20 years of age in Glenwood is about 26%, marginally lower than 27% for Edmonton. Between 1986 and 1991, the population of this age group increased by approximately 17%.
- The proportion of young adults (20 - 29 years) is slightly higher in Glenwood t... ... the City, the shares being 22% and 20% respectively.
- Glenwood has a comparatively higher percentage of senior citizens than the City (Glenwood's 13% vs. Edmonton's 9%). This may indicate availability of amenities and facilities desired by the older residents.



- The proportion of single parents in this neighbourhood is about 22%, markedly higher than the City average.
- Approximately one-half of the neighbourhood's population is single (City's average 47%) while 35% are married (Edmonton's average 40%).
- Local residents employed full-time in 1991 was 41%, marginally higher than the City's average of 40%. Yet the neighbourhood's average family income of about $32,050 was substantially lower than the City's average of nearly $40,500. The income pattern indicates that the proportion of low-income families in Glenwood is high.
- Owner-occupied homes make up about 39% of the housing (City average 49%). Tenants occupy about 55% of available accommodation, compared to about 47% for the City. Approximately 37% of the neighbourhood's residents have lived here for at least five years, somewhat lower than the City's average of 40%. Tenure pattern and length of stay indicate a reasonable level of social stability here.
- Ethnic origins of Glenwood residents generally reflect the City's overall pattern. However, the proportions of residents with German, Dutch and Aboriginal ethnicity are higher in this neighbourhood than their corresponding averages for the City.

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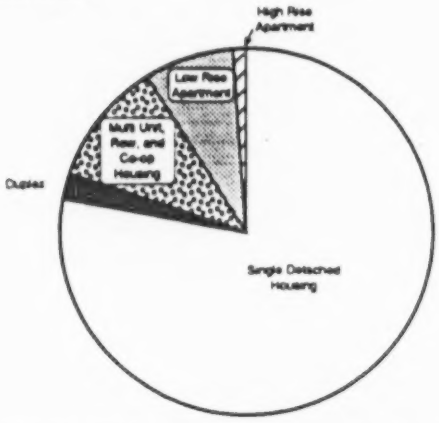
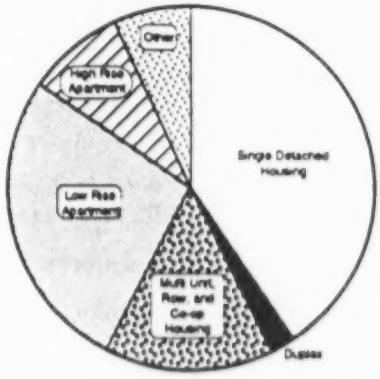
Physical Characteristics

- Approximately 65% of the land area of Glenwood is devoted to residential uses. Single family homes make up about 78% of housing. Another 21% is comprised of multiple family units. The majority of the homes were built in the 1950's. Many properties have been rehabilitated during the last decade. Many other older properties are physically dilapidated and are in need of renovation.

Glenwood



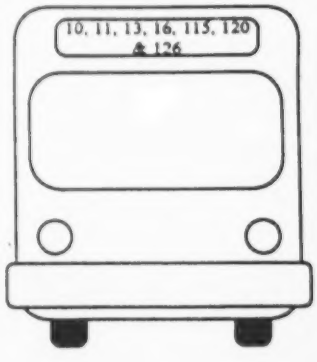
Edmonton



- Institutional land uses (four schools, the community league hall and Grey Nun's Regional Centre) comprise about 10% of the total land area of the neighbourhood.
- Commercial land uses cover approximately 9% of the neighbourhood's area. They mostly include warehouses, cold storage and equipment sales and rental outlets located in the northwest sector.
- Neighbourhood parklands comprise about 2% of the area. The two neighbourhood parks are included in this land use category.
- Vacant properties account for approximately 13% of the neighbourhood area.

Transportation

- Three busy arterials (170 Street, Stony Plain Road and 156 Street) bound this neighbourhood. In addition, the 100 Avenue transportation corridor runs east-west through the northern sector of Glenwood. Traffic volumes in 1991 on these roadways (36,000 on 170 Street, 21,000 on Stony Plain Road and 19,000 on 156 Street) are very high.
- 170 Street is a dangerous goods route as well as a 24-hour truck route.
- 100 Avenue is a major transportation corridor facilitating westend residents commuting to the city-centre.
- Edmonton Transit buses (Route Nos. 10, 11, 13, 16, 115, 120 and 126) provide both regular and peak-hour service through and around this neighbourhood.
- Local roads and sidewalks are in reasonably good condition.



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Public Facilities

- Schools in the area are all operating below capacity and include Our Lady of Fatima Separate Elementary (9820 - 157 Street), Glendale Public Elementary (9812 - 161 Street), Westlawn Public Junior High (9520 - 165 Street) and St. Thomas More Separate Junior High (9610 - 165 Street).
- Glendale Community League (16430 - 97 Avenue) offers social, recreational and educational programs (crafts, basketball, hockey, soccer, skating, dance and meeting). It also arranges bingos for social and fund-raising purposes. Through these activities, the community league helps in developing cooperation and understanding among local residents and establishing informal social support systems.
- Religious institutions in the area include Faith Cathedral (15641 - 96 Avenue), German Pentecostal Church (15603 - 99 Avenue) and Saint Philip's Orthodox Church (15804 - 98 Avenue).
- Grey Nuns' Regional Centre (9810 - 165 Street) is located in this neighbourhood.
- Westlawn Courts, a senior citizens' residential project with two complexes (Phase I at 9908 - 165 Street and Phase II at 9911 - 167 Street) totalling 200 self-contained apartment units, is located here, and is operating at almost full capacity.
- No community housing projects or residences for the handicapped persons are located here.
- Facilities at the neighbourhood park (south of 96 Avenue between 158 and 159 Streets) include a toboggan hill, baseball diamonds and a children's playing area. The other park (south of 99 Avenue between 168 and 169 Streets) is a landscaped open space.
- Nearby public facilities available for the neighbourhood residents include:
  Fire Station No. 19 (6210 - 178 Street)
  Misericordia Hospital (176940 - 87 Avenue)
  Jasper Place Police Station (10121 - 151 Street)
  West Jasper Place Health Centre (9720 - 182 Street)
- The neighbourhood is served by the Jasper Centre of Community and Family Services (10030 - 167 Street) which offers a range of services including counselling, different group programs, services for youths and seniors as well as community development assistance.

Neighbourhood Issues

- As the housing in Glenwood is aging, the issue of rehabilitation of older properties is an important one. Older homes, needing physical improvements, detract from the general appearance of the neighbourhood, lessening its appeal to both local residents as well as prospective home buyers from outside. Some vacant properties and negligence in maintaining residential properties by absentee landlords and/or their tenants further compound the issue of low aesthetic quality of this area.

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Neighbourhood Issues (cont'd)

- A mixture of commercial and warehouse developments (vehicles and equipment sales and rentals, cold storage, auto repair shops, metal fabrication shops) in the northwest sector constitute incompatible land uses in this residential neighbourhood. Lack of landscaping, setbacks and screening of storage areas give this sector an unpleasant appearance and reduces the aesthetic quality.
- Residents living near the margins of the neighbourhood are exposed to high levels of traffic noise. In addition, shortage of parking along Stony Plain Road commercial strip forces customers to park their vehicles in the nearby residential streets. The presence of grid-pattern roadways also encourages outsiders to short-cut through the neighbourhood, especially between 156 Street and 163 Street. As a consequence, local residents have been exposed to increased traffic noise, safety hazards and on-street parking problems. Traffic-related issues reduce the overall quality of residential atmosphere in this community.

These are issues which the writer (in discussion with some community members/organizations) understood to be important in the neighbourhood at the time of writing. However, issues may change over time, and different issues may be important to different people. For current information, contact the Community Social Worker at Jasper Place Centre of Community and Family Services at 428-5908.

The Future

- With additional housing rehabilitation, the overall residential environment in Glenwood is likely to improve.
- Higher proportions of pre-schoolers and grade-schoolers are likely to boost the enrollment levels of the local schools. These young residents will also assist to increase the utilization rates of other neighbourhood amenities.
- With some redevelopment taking place here, it is likely that Glenwood could attract some young families. This could help to reinforce the family-oriented residential character and to strengthen the social stability of this neighbourhood.

References

- City of Edmonton Civic Census - 1991
- Census of Canada, 1986
- Five Year Construction Program: 1988-1992, City of Edmonton Transportation Department
- Ride Guide; September 1992, City of Edmonton Transportation Department
- 1991 Traffic Flow Map, City of Edmonton Transportation Department

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ferences (Cont'd)

- Transportation System Bylaw, No. 9722, Appendix A, City of Edmonton Transportation Department
- Jasper Place Neighbourhood Fact Sheet, City of Edmonton Planning and Development Department, 1987
- Truck Route Map with Dangerous Goods Routes, City of Edmonton Transportation Department, 1992
- Edmonton Public School Board, fall 1992 enrollment figures
- Edmonton Catholic School Board, fall 1992 enrollment figures
- Cycle Edmonton, City of Edmonton Transportation Department, 1991
- Alberta Social Services Day Care Information System, July 1992
- Jasper Place Centre of Community and Family Services
- Jasper Place Community League
- City of Edmonton Parks and Recreation Department

"Community and Family Services acknowledges the assistance of staff in the City's Corporate GBIS Project Office, Public Works (Mapping and Graphics) and Planning and Development (Technical Services) in producing the basic neighbourhoo

NB: This Profile uses 1986 Census Canada data, rather than 1991 data which is not yet available on a neighbourhood basis. When it becomes ava[illegible]e, the relevant 1991 data will be provided, on request, as a replacement for the 1986 data use[illegible] this Profile (telephone 496-5818).

Notes

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APPENDIX B

Edmonton Federation of Community Leagues letter

EDMONTON FEDERATION OF COMMUNITY LEAGUES
7103 - 105 STREET, EDMONTON, ALBERTA T6E 4G8 TEL: 437-2913 • FAX : 437-4710

March 15, 1994

Dear Community League Presidents,

Re: **CARITAS Health Group - Community Health Proposal**

The Federation's Executive Committee was recently contacted by the CARITAS Health Group in respect to upcoming provincial health reforms and how the Federation and Community Leagues might become involved. On behalf of the Executive, I would like to encourage all Community Leagues to participate through your Area Councils and if there is no Area Council in your part of Edmonton then please consider participating individually.

Following are the key elements from the CARITAS proposal:

> "the Federation and its individual leagues ought to seriously consider where to position themselves in relation to the health reform in Edmonton. The move in health reform is to community and you are already there! The leagues are in an excellent position to be considered as the deliverer of, or a central resource centre, for health in the community. . . There is $110,000,000 in the government budget which will be directed toward strengthening community support for health, and decisions have not been made on how it ought to be used."
>
> ". . . With your support we would like to develop a model for health support that works from and within the community league structure."
>
> "An inventory of the assets and capacities show that citizens and associations in each community have the capacity to be the drivers, providers and supporters of community based health."

It should be noted that some North East Community Leagues are already involved, in a similar concept, with the Royal Alex Hospital.

Please provide your concerns, comments and suggestions to the Federation Office, who will then forward your input to both CARITAS and other Community Leagues for their consideration.

Please contact Susan Roberts, CARITAS Manager Community Outreach and Education, at 930-5640 for further information and/or to indicate that your Community League would be interested in working on this project.

Yours truly,

Bill Maxim
President

cc: Susan Roberts
EFCL Board of Directors

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APPENDIX C

Notes from Community Information Meeting

Notes from Glenwood Community Information and Sharing Meeting May 12, 1994

Gary Racich, President of the League arranged for us to use the League building and also placed an announcement in the Community Newsletter.

The attendance, of six community members, was small but dynamic. There were three retired people, two working people, and one person on long term disability. The areas of their work, presently or in the past included, post office (ironically two from here, and did not know each other), Alberta Health, taxi cab company owner, chrome plating company owner, and the other person did not volunteer the information.

The group talked and struggled with the health changes that are and will be happening. There was a very healtny discussion around personal responsibility for health, use and abuses of the system by MD's and citizens, sharing of talents and ideas, and about how to begin the individual citizen survey process.

The suggestions included:
•Use the term wellness not just health
•Wear name tags
•Give a handout to the respondents
•Make sure they know why we are conducting the survey
•Use the community league membership list as a start
•Go to the Garage sale and talk to people
•Say that it is the league and the Caritas Health Group working togetner
•Make sure people know that there are business opportunities in new community health/wellness system
•Make sure people answering the survey are under no future obligation
•There should be more people going in to the community to talk about these things, so the community knows what is happening and can be involved.
•the "old" hospital could be a resource centre for the neighbourhood, and would answer questions about where supports for health could be found in the community

We took muffins and juice and Gary provided coffee

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APPENDIX D

Survey Instruments

Individual, business, association

BUILDING COMMUNITIES TOGETHER - Spring 1994
"releasing individual capacities and discovering community assets"

"people helping people in health!"

DATE:

SURVEYOR:

Edmonton neighbourhoods/communities must look at the resources that individual community citizens and community associations have. An inventory of these assets and capacities will show that citizens and associations in each community have the resources to be the drivers, providers and supporters of community-based health.

Would you be willing to share with us your experience that may be helpful in improving the community's health. There is no obligation or commitment. We hope the results of this survey will encourage the development of new jobs, new businesses and more volunteers in the community!

Our questions are asking about the skills and abilities that you have related to health and wellness - about experiences in any of the following areas - through home, church, family, work or community.

NAME: PHONE:

ADDRESS: FAX:

WORK LOCATION:

ARE YOU A COMMUNITY LEAGUE MEMBER? YES___ NO ___

OTHER comments or things of note:

Do you have in experience in...	YES	NO
caring for the elderly		
caring for the mentally ill		
caring for the sick		
caring for the physically disabled		
caring for developmentally disabled		
Do you have experience in providing these for the groups above		
Bathing		
Feeding		
Exercising and escorting		
Grooming		
Dressing		
Making the person feel at ease		
Hair care		
Foot care....		
What about experience with Food		
Catering		
Serving food to large numbers(over 10)		
Preparing food for large numbers (over 10)		
Preparing and cooking for less than 10		
Clearing/setting tables for large numbers		
Washing dishes for large numbers (over 10)		
Operating commercial food preparation equipment		
Meatcutting		
Baking for large numbers		
Gardening		
Farming - grain/vegetable		
dairy		
meat/poultry/eggs		
Grocery shopping		
Buying bulk food with other people		

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	YES	NO
Transportation experience		
Driving a car		
Driving a van		
Driving a bus		
Driving a taxi		
Driving a commercial truck		
Driving an ambulance		
Vehicle maintenance		
Home Maintenance experience		
Commercial Housecleaning/janitorial		
Window cleaning		
Laundry		
Ironing		
Electrical		
Plumbing		
Handi-man		
Mechanical		
Lawn care		
Painting		
Mending		
Knitting...		
Crocheting		
Professional/Wellness training and experience		
Pastoral care/ home visits for a church/organization		
Recreational/Activity		
Nutrition/dietetic		
Disease prevention counselling		
Quality of life counselling		
Nursing care (RN and LPN, CNA)		
Medical care (MD)		
Dental care (dentist)		
Dental hygiene		
Physiotherapy		
Occupational Therapy		
Chiropractor		
Non traditional medicine (accupuncture, herbal medicine)		
Teacher, trainer		
Social worker		
Pet care		
Pet therapy		

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	YES	NO
Volunteer Work		
Neighbourhood watch/crime watch		

In some cases there will be oppportunity for these talents of yours to be used on a volunteer basis or on a fee for service basis.
Which would be suitable for you? Volunteer ___ Fee ___? Both? ___

Put it all together and there are people resources in your community that will support health/wellness providing jobs, starting new businesses and providing volunteers. . You will be surprised at what your fellow community citizens and associations have to offer - and what could be developed using your own community capacities and assets - your resources!!

(Guidance and ideas from - "**Building Communities From the Inside Out-a Path toward finding and mobilizing a community's assets**"(1993) Authors - John P. Kretzmann and John L. McKnight)

* Suggested additional question:

What community groups or associations do you belong to or interact with?

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CARITAS HEALTH GROUP - 930-5640
April __ 1994 Interviewer -
In person ___ Phone ___ Both ___

RELEASING COMMUNITY and INDIVIDUAL CAPACITIES in HEALTH
"fostering capacity sharing and development"

Association Name:
CEO/Pres/Chair/Key contact name:

Address:

Phone: FAX:
Service/product: (what are they?)

Profit ___ Not for profit ___ Other ___
No money changes hands___
Uses volunteers ____

HOW WOULD YOU DEFINE HEALTH?

1. What other organizations in this neighbourhood of _____ do you work/interact/communicate with? (name and address)

2. With what other organizations **NOT** in this neighbourhood of _____ do you work/interact/communicate with? (name and address)

3. Do you rent space to or from anyone? If so to or from whom? (names and addresses)

page1/2

4. Do you see where your association/business is related to health/wellbeing and quality of life? YES ___ NO ___. Do you or could you have indirect or direct supports for health/wellbeing/quality of life for people in this community?

5. Are you interested in being involved in any initiatives that may emerge as we gather the information on the capacity for this community to support the health of its citizens? In what way would you like to be involved?

6. Could you assist us in gathering informatiom from other organizations and individuals? or do you know someone that would be interested?

CARITAS HEALTH GROUP AND THE GLENWOOD COMMUNITY LEAGUE

"PEOPLE HELPING PEOPLE IN HEALTH"

Association Survey

Date:_____

Interviewer:_____ In Person ___ Phone ___ Both ___ Mailout ___

Person Interviewed: _____

Association Name: _____

Parent Association (Local, National, International):_____

Pres./Director/Chair/Contact Person: _____

Address: _____

Phone: _____ Fax:_____

Not for Profit ___ Registered Charity ___ No money changes hands ___

Sources of Funding:

Number of Members - Active:_____ Associate: _____

Key Members:_____

Volunteers (#) _____ Paid Staff (#) _____

HOW WOULD YOU DEFINE HEALTH?

1. What is your purpose? What services do you provide or take part in?

2. Are most of the people who are part of your association, or use your service, from the surrounding community? If not, where are they from?

3. a) What organizations/associations/businesses in this neighborhood do you work/interact/ communicate with? (names and addresses)

b) Organizations/associations/businesses **NOT** in this neighborhood? (names and addresses)

4. What organizations, groups of individuals, or individuals use the space you have available?

5. Does your association provide any supports for the health and well-being of the people in this community. Can you see any ways that it could provide supports?

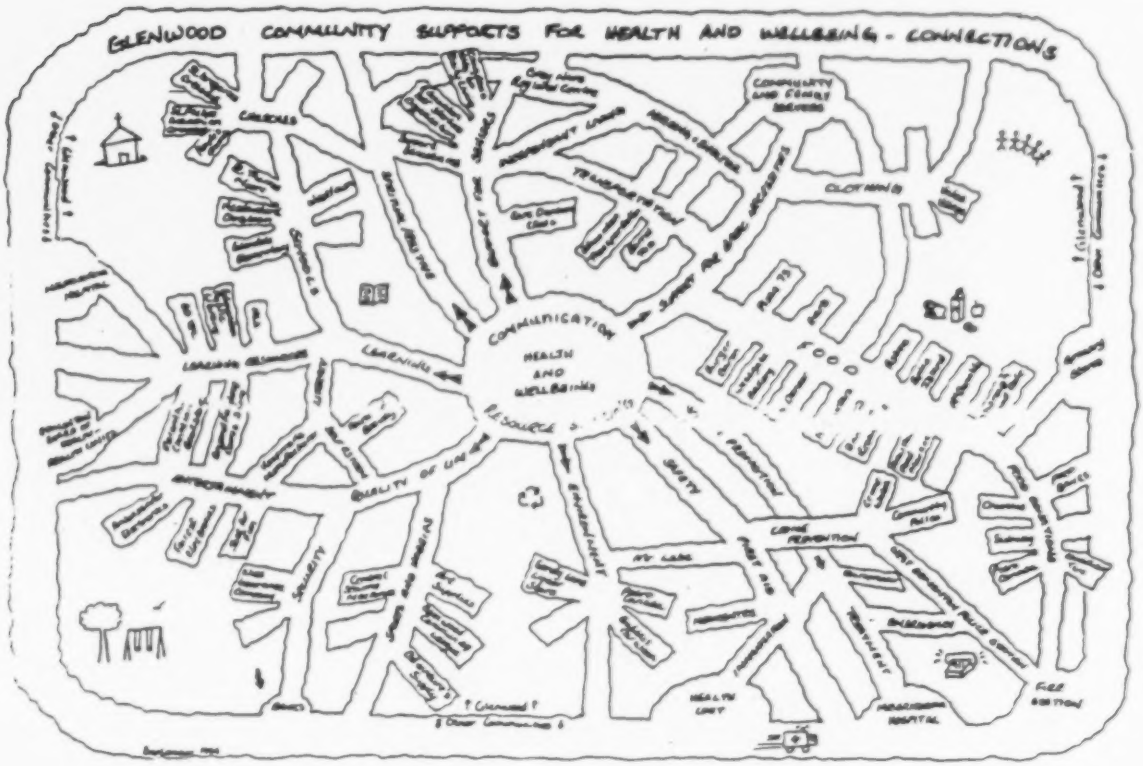
6. Are you interested in being involved in any initiatives that may emerge as a result of this study? If so, how?

Follow-up Action/Notes

APPENDIX E

Glenwood Community Supports for Health and Wellbeing Asset Map

Businesses and associations also had a great deal to offer. In fact, they had so much to offer and share in support of health and wellbeing that we decided to map it out! The map below shows the results. The business and associations of Glenwood said they could provide support in eight main areas. These areas include learning, spiritual/restive, support for seniors, support for basic necessities, health promotion, safety, environment and quality of life. Check it out!!



Please note: The business and association names listed above are only those who said they were interested in being involved in this initiative. We are confident that many more will emerge.

HOW CAN YOU ACCESS THIS INFORMATION?

The Glenwood Community League offers easy access to this valuable information. All you have to do is contact the president of the League, Gary Racich, at 452-3190. The information is also kept at the Community Development office at the Jasper Place High School. Contact Susan Roberts, Community Development Coordinator, at 482-8327. A full report of this Community Health Capacity Study is available at both of these locations.

IT'S ALL HERE!!

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